Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for the sum of annual report mailings. Enter only one email address please:

Email Address: _____

LLC REGISTERED AGENT CHANGE SASJ HOLDINGS, LLC

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C. BRUMBLEY APR 1 4 2022

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)			(b)				
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
			. <u></u>				······
	01/29/2019			L190000296	57		
3.	Date of filing/registration in Florid	a	4.	Document	number		
5. (a)	James Fredrick LLC						
	Registered Agent and Registered Office shown on the	records of the	: Florida Dept.	of State:			
	600 BYPASS DRIVE						
	Registered Office Address (MUST BE FLORIDA	STREET AL	DRESS)				
	SUITE 112				j.	202	
	Clearwater	FI	33764			2022 APR 13	المرامة
		,···_		·	.	70	:
(0)	Registered Agents Inc.				· .		-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered O	ffice address:		121.27 121.27	T C	
	7901 4th St N				rages !	PM 5:43	
	NEW Registered Office Address:			·	• ;	ω	٠
	STE 300		W-19-70				`-
	St. Petersburg	FI 3	3702				
he chai agent w was/wei	mited liability company is not organized uninge or changes are made, the Florida street a fill be identical. Or, in the case of a Florida re authorized by an affirmative vote of the reles of organization or the operating agreem	address of the limited liab nembers of	he registered fility compar the limited l	f office and the bi ny, it is hereby co liability company	asiness offi infirmed th	ce of th at the ch	e registere range(s)
Signate	ure of a member or authorized representative of a men	nber			yped name of	signee	
provisio he obli, o mere	y accept the appointment as registered ages ons of all statutes relative to the proper and gations of my position as registered agent a ly reflect a change in the registered office a in writing of this change. Bill Havre	complete p is provided iddress, I hë	erformance for in Chavi	of my aunes, ana ter 605. F.SOr.	i am jamu if this docu	iar wun ment is	being filed

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent